

Panel List md

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Current Facility	Inmate#	Name	UR Requestor	UR#	Med	MH	DOC admit	Court Date	Bond	ERD
BRIDGEPORT CC			Elderkin, James	163705	5	2				
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:	Diagnosis: Nerve/Neurological Disorder						NO
Procedure: Consult - Post In-Patient hospitalization	Specialty:	Neurology	Follow-Up	Priority:	4	Status: L	Jur:	123		
Complaint/Diagnosis:	[REDACTED] yo. Admitted to JDH from Cybulski [REDACTED] 17 for severe headache and left sided weakness. MRI normal. Neurology consultant diagnosed Hypnic Headache, recommended treatment with evening caffeine and Nortriptyline. Neurology requests follow up in 4-6 weeks;						(WAS REVIEWED)	Sleep Apnea		
BRIDGEPORT CC			Elderkin, James	163542	2	2				
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:	Priority:	3	Status: U	Jur:	123	(DENIED)	NO
Procedure: Device - CPAP/BIPAP Purchase	Specialty:	Vendor	Complaint/Diagnosis:	[REDACTED] 2014. Results: Mild Obstructive Sleep Apnea Syndrome. Treated with APAP 5-15 cm. Patient states the machine was returned to [REDACTED] because he couldn't tolerate the mask and he was going to be issued a machine with a nasal device instead of the full mask, so he no longer is in possession of the machine. Records are in his chart.;						
CHESHIRE CI			Ruiz, Ricardo	163876	3	2				
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:	dd-MM-yyyy	Diagnosis: Pain - abdominal					
Procedure: Procedure - Colposcopy	Specialty:	Gastroenterology	Complaint/Diagnosis:	Priority:	4	Status: G	Jur:	125		YES
	[REDACTED] Yes									

Current Facility	Inmate#	Name	UR Requestor	UR#	Med	MH	DOC admit	Court Date	Bond	ERD
CHESHIRE CI			Ruiz, Ricardo	163935	2	2				

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Fracture - Other Y6S

Procedure: Consult - R/O Surgical Case Specialty: Oral/Maxillo/Facial Priority: 3 Status: G Jur: 125

Complaint/Diagnosis: [REDACTED] yobm involved in an altercation on [REDACTED] 17. He developed sudden subcutaneous emphysema of the left orbital soft tissue after blowing his nose. He was sent to the JDH ED for evaluation. CT scan revealed comminuted fracture of the floor of the left orbit with caudal extension of intraorbital fat along the medial aspect of the fracture. There is minimal depression of a mildly comminuted fracture of the lateral wall of the left orbit. There are comminuted fractures of the anterior and lateral walls of the left maxillary sinus antrum as well as a comminuted distracted fracture of the junction of the left nasal bone and left maxilla. There is diastases of the left zygomaticofrontal suture. +Left sided orbital emphysema.
Request for OMFS inn 1-2 weeks. Patient started on Amoxicillin for prophylaxis.; TRY VALE ~

CHESHIRE CI	[REDACTED]	Ruiz, Ricardo	163936	2	2				
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Ophthalmologic Disorder Y6S

Procedure: Consult - R/O Surgical Case Specialty: Ophthalmology Priority: 2 Status: G Jur: 125

Complaint/Diagnosis: [REDACTED] ycbm involved in an altercation on [REDACTED] 17. He developed sudden subcutaneous emphysema of the left orbital soft tissue after blowing his nose. He was sent to the JDH ED for evaluation. CT scan revealed comminuted fracture of the floor of the left orbit with caudal extension of intraorbital fat along the medial aspect of the fracture. There is minimal depression of a mildly comminuted fracture of the lateral wall of the left orbit. There are comminuted fractures of the anterior and lateral walls of the left maxillary sinus antrum as well as a comminuted distracted fracture of the junction of the left nasal bone and left maxilla. There is diastases of the left zygomaticofrontal suture. +Left sided orbital emphysema.
Request for Ophthalmology in 1 week.; TRY VALE ~

CORR/RAD CC	[REDACTED]	Figura, Ilona	163782	3	3				
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Polyp(s) Dr. Farinella
TO email Dr. Wlv
giv

Procedure: Procedure - Colonoscopy Specialty: Gastroenterology Priority: 5 Status: U Jur: 140

Complaint/Diagnosis: [REDACTED] y/o male with h/o bloody stools. was seen by gi recently . Colonoscopy on [REDACTED] 17 showed solitary polyp GI requests colonoscopy in 3 months (2days no solids);

CORR/RAD CC	[REDACTED]	Figura, Ilona	163852	3	2				
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: ENT Disorder

Procedure: Imaging Test - CT Scan - Head Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 140

Complaint/Diagnosis: Y6S
Δ ENT
INITIAL VISIT

█ y/o B male with right facial nerve palsy due to GSW to head with multiple retained fragments presenting with 3 months of hemoptysis He denies facial pain or purulent nasal discharge His lung exam is normal HEENT only shows decreased sinus transillumination His CXR is normal Sinus XR shows multiple bullet fragments in maxillary sinus (1 large fragment is imbedded in upper nasal bone protruding into sinus) Interpreting radiologist highly recommends CT This request is for CT head with contrast or ENT consult (up to URC);

CORR/RAD CC		Figura, Ilona	163786	4	2	
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DOB █	Status: Ready for Adjudication	Voted to Parole:	Diagnosis: Musculoskeletal Disorder	YES
Procedure: Consult - Post Op	Specialty: Therapy - Physical	Priority: 3	Status: G	Jur: 140
Complaint/Diagnosis: █ yr old lumbar decompression and fusion L4- L5 surgery done █/17 Still has residual LLE numbness, and pain and tightness along his large scar which restricts his flexion, turning and bending at the waist and subsequently interferes with sleeping and ADL, despite exercises I gave him There is significant muscle spasm and restricted motion on exam This request is for physical therapy consult; <u>X1 VISIT</u>				

CORR/RAD CC		Figura, Ilona	163850	3	2	
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DOB █	Status: Ready for Adjudication	Voted to Parole: dd-MM-yyyy	Diagnosis: Syncope	YES
Procedure: Consult - Initial Visit	Specialty: Cardiology	Priority: 4	Status: G	Jur: 140
Complaint/Diagnosis: █ y/o AA male wh's █ has a pacemaker , with impressive diffuse STE and LVH on EKG just after witnessed syncopal episodes and chest pain He has no murmur on exam Urine tox by custody is normal Thyroid panel is normal Neuro exam is normal Orthostatics cannot be obtained because he gets very dizzy Lyme Ab pending (He was seen in Backus ER after the syncopal episodes ECHO and troponin were normal This request is for cardiology consult (perhaps they can do tilt test);				

ENFIELD CI		Freston, Cary	163741	2	1	
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DOB █	Status: Ready for Adjudication	Voted to Parole: dd-MM-yyyy	Diagnosis: Fracture - upper extremity	NO
Procedure: Consult - Initial Visit	Specialty: Orthopedics	Priority: 3	Status: G	Jur: 112
Complaint/Diagnosis: Request initial consult Orthopedics regarding fracture right distal Ulna. On-site Ulna gutter splint applied, 3 week post cast xrays ordered.;	<u>URGENT XRAY</u>	<u>D/W DR. MAZZOCCA</u>		

GARNER CI		Valletta, Gerald	163870	3	4	
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DOB █	Status: Ready for Adjudication	Voted to Parole: <u>MORE info</u>	Diagnosis: Discopathy	NO
Procedure: Imaging Test - MRI - L/S spine	Specialty: Radiology/Diagnostic Imaging	Priority: 3	Status: G	Jur: 136
Complaint/Diagnosis: █ y/o male who had MVA in 2006 and has had progressively worsening chronic neck and back pain and weakness and decreased sensations in UE and LE. Had MRI at █ in █/07 which demonstrated C3-4 & 4-5 disc protrusions and Disc bulging L3 - S1 disc spaces. Exam: decreased sensation LUE & LLE > right and 4/5 strength in all 4 extremities. Significant midline back tenderness upon light palpation.;				

GARNER CI		Valletta, Gerald	163789	2	2	
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DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole: dd-MM-yyyy	Diagnosis: Musculoskeletal Issue - Wrist
Procedure: Procedure - Other	Specialty: Interventional Radiology	Priority: /3	Status: G Jur: 136
<p>Complaint/Diagnosis: Right wrist steroid injection #2 Seen by Dr Mazzocca via telemed [REDACTED] 17 - had R wrist steroid shot by interventional radiology IM still c/o chronic wrist pain and decreased ROM CT wrist -healed comminuted intra-articular fracture L distal radius w/ secondary osteoarthritis due to residual articular incongruence. Neutral tilt and negative ulnar variance noted;</p>			

GARNER CI [REDACTED]	Valletta, Gerald	163867	4	3	[REDACTED]
DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole: /AIR	Diagnosis: Discopathy	Ves	
Procedure: Consult - Initial Visit /DES/	Specialty: Neurosurgery	Priority: 3	Status: G	Jur: 136	
<p>Complaint/Diagnosis: [REDACTED] y/o male with PMH HTN/ dyslipidemia / CKD who c/o progressively worsening weakness and loss of sensation of bilat LE's and some loss of bladder control. Had accident in remote past PE: limited ROM of spine and hip, tender to palpation in lumbosacral area (midline and paralumbar), DTR 3/5 knee, muscular strength decreased 3/5. MRI LS spine [REDACTED] 16: 1. Multifactorial changes at L4-5 cause mild to moderate canal stenosis. Additional severe left foraminal narrowing. Potential for impingement of the bilateral L5 nerve roots within the lateral recesses and the left L4 nerve root within the neural foramen. 2. Multifactorial changes including facet arthropathy leads to severe neural foraminal bilaterally at L5-S1. 3. Additional areas of mild canal stenosis at L2-L3 and L3-L4.</p>					
<p>Request Neurosurgery consult.;</p>					

GARNER CI [REDACTED]	Valletta, Gerald	163864	3	4	[REDACTED]
DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole: dd-MM-yyyy	Diagnosis: Fracture - foot/ankle	Ves	
Procedure: Imaging Test - CT Scan - Lower Extremity /INITIAL/	Specialty: Radiology/Diagnostic Imaging	Priority: /P3	Status: G	Jur: 136	
<p>Complaint/Diagnosis: [REDACTED] y/o male who was playing basketball in the evening of 9/26 when another player stepped on his right foot and he twisted his ankle. Seen in MDSC the next day because it became progressively more edematous. On exam, it is hot and he has limited ROM with mod-severe pain and cannot bear weight. X-ray of ankle: Age-indeterminate fracture, likely of the lateral process of the talus. Recommend CT without contrast further evaluation. Placed in splint and given crutches / NSAIDS;</p>					

Current Facility	Inmate#	Name	UR Requestor	UR#	Med	MH	DOC admit	Court Date	Bond	ERD
MCDGL/WLKR CI			Smyth, James	163722	4	1				

DOB	Status:	Ready for Adjudication	Voted to Parole:	dd-MM-yyyy	Diagnosis:	Ophthalmologic Disorder	no
Procedure:	Consult - Return Visit	Specialty:	Ophthalmology	Priority:	5	Status:	G
Complaint/Diagnosis:	Inmate with orbital fracture OS 2013. Posterior Staphyloma OD. 20/800 best corrected vision OD 20/20- OS. Seen by Dr. Ehlers [REDACTED] /2017. Requesting 1 year f/u;						

MCDGL/WLKR CI		Jerome, Jennifer	163743	2	3		
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DOB	Status:	Ready for Adjudication	Voted to Parole:	dd-MM-yyyy	Diagnosis:	Other	no
Procedure:	Consult - Initial Visit	Specialty:	Dermatology	Priority:	4	Status:	G
Complaint/Diagnosis:	[REDACTED] y/o diagnosed with pseudofolliculitis barbae in 2015 by Dr. Wright. He has been on multiple treatments repeatedly benzoyl peroxide 10% gel, metrogel, doxycycline. He reports that he has tried commissary items such as oatmeal soap and cocoa butter with out effect. I/M is letting his face hair grow out. The sides of his upper lip and chin are moderately red and inflamed. He reports that his skin is dry and flaky at times. I/M is requesting to see dermatology.;						

MCDGL/WLKR CI		Jerome, Jennifer	163843	4	1		
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DOB	Status:	Ready for Adjudication	Voted to Parole:		Diagnosis:	Musculoskeletal Disorder	Y6
Procedure:	Consult - Initial Visit	Specialty:	Orthopedics-Spine	Priority:	3	Status:	X
Complaint/Diagnosis:	[REDACTED] y/o with severe back pain. He had x-ray of cervical spine done 5/2017 which indicated degenerative retrolisthesis and degenerative change at C3-C4 and C5-C6 produces mild bony central canal and moderate to severe bilateral neural foraminal narrowing. He also had a MRI done in 2016 - L1-2: Diffuse disc bulge and mild facet arthropathy produce mild spinal canal and moderate bilateral neural foraminal stenosis. L2-3: Diffuse disc bulge and facet arthropathy produce mild spinal canal and mild bilateral neural foraminal stenosis. L3-4: Diffuse disc bulge and facet arthropathy produce mild spinal canal and mild bilateral neural foraminal stenosis. L4-5: Diffuse disc bulge and facet arthropathy produce mild spinal canal stenosis with mild right and moderate left neural foraminal stenosis. L5-S1: Diffuse disc bulge, superimposed central to right central disc extrusion and mild facet arthropathy produce moderate right-sided spinal canal and moderate bilateral neural foraminal stenosis. Disc material abuts the traversing right S1 nerve root. He is currently on Tylenol # 3 two tabs BID and Lyrica 100mg BID. Pain level is between 8 and 10. When he lays down and sits he experiences throbbing, burning pain. He exhibits left lower extremity weakness, Left patellar reflex is 1+, right is 2+. He has decreased ROM - he can bend his shoulders forward. He denies bowel and bladder incontinence.;						

MCDGL/WLKR CI		Jerome, Jennifer	163846	4	1		
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DOB	Status:	Ready for Adjudication	Voted to Parole:		Diagnosis:	Pulmonary Disorder	Y6
Procedure:	Consult - Initial Visit	Specialty:	Pulmonary Medicine	Priority:	4	Status:	X

Complaint/Diagnosis: [REDACTED] y/o with continued right sided chest pain, and SOB secondary to pneumonia and pleural effusion from [REDACTED] of 2017. He has had multiple x-rays, [REDACTED] which indicated there is some residual airspace disease/atelectasis in the right middle lobe. Recommend additional follow-up in 4-6 weeks; [REDACTED] which indicated continued contraction of right middle lobe scarring with associated volume loss. No nodular component to suggest underlying malignancy. Finding is likely sequela of infectious or inflammatory process [REDACTED] which indicated Persistent density/contraction of the right middle lobe, compatible with changes from prior consolidation. Correlate with history for possibility of postobstructive pneumonia process and [REDACTED] which indicated No significant interval change when compared to patient's previous study performed approximately 6 weeks earlier. Chronic changes right middle lobe as detailed above. No acute process. Currently lungs are clear to auscultation. SpO2 100% on RA. However I/M continues with discomfort to RA middle lobe during inspiration, he describes it as a stabbing sensation.;

MCDGL/WLKR CI	[REDACTED]	Naqvi, Syed	163794	3	2	[REDACTED]
DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole: dd-MM-yyyy	Diagnosis: Cirrhosis			<i>Y83</i>
Procedure: Consult - Initial Visit	Specialty: Hematology/Oncology	Priority: 4	Status: G	Jur: 114		
Complaint/Diagnosis: [REDACTED] yo with cirrhosis esophageal varices with EGD and banding has factor v leiden deficiency complicated by portal vein thrombosis needs hematology consult for anticoagulation as recommended by GI.; .						

NORTHERN CI	[REDACTED]	Wright, Carson	163740	1	3	[REDACTED]
DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole: <input checked="" type="checkbox"/> PE	Diagnosis: Fracture - Other			<i>no</i>
Procedure: Imaging Test - CT Scan - # Areas	Specialty: Radiology/Diagnostic Imaging	Priority: 4	Status: G	Jur: 141		
Complaint/Diagnosis: Pt [REDACTED] yo male presents with trauma to L eye. On xray, there remains some added density involving the region of the floor of the L orbit and one cannot exclude the possibility of an old fx. Radiologist recc CT of facial bones. Pt is c/o L eye pain.;						

OSBORN CI	[REDACTED]	Koslavy, Maria	163769	3	3	[REDACTED]
DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole:	Diagnosis: Cardiac- Other			<i>no</i>
Procedure: Consult - Initial Visit	Specialty: Cardiology	Priority: 4	Status: G	Jur: 115		
Complaint/Diagnosis: admitted to Yale on [REDACTED]/2017-[REDACTED]/2017. Hospital problems upon admission acute left sided weakness, left arm weakness, transient cerebral ischemia (unspecified type), neck pain, acute bilateral low back pain with sciatica & orthostatic hypotension. Recommendations post hospital stay follow up with cardiology to evaluate and manage cardiac disease.;	<i>IF UPON RELEASE</i>					

Current Facility	Inmate#	Name	UR Requestor	UR#	Med	MH	DOC admit	Court Date	Bond	ERD
OSBORN CI			Breton, Joseph	163871	2	2				

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Pain - abdominal Y 4S

Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 6 Status: G Jur: 115

Complaint/Diagnosis: [REDACTED] year old male with a positive ROS. The worst symptom is epigastric pain since at least [REDACTED]/17. He was successfully treated for hpylori ([REDACTED] stool Ag negative) but unfortunately the epigastric pain remains. no alleviating factors but increased with eating and especially water. no reflux.
 PE: no icterus, no jaundice no organomegaly but positive epigastric tenderness without guarding.
 LABS: [REDACTED] - iron 35 and ferritin 41
 [REDACTED]/17 - iron 41 and ferritin 13
 Guaiac negative
 a/p: [REDACTED] year old male with chronic epigastric pain and low iron and ferritin-
 this is a request for a first time visit with GI.;

OSBORN CI	[REDACTED]	Jerome, Jennifer	163745	3	3	
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Pain - pelvic no

Procedure: Consult - Initial Visit Specialty: Pain Management Priority: 4 Status: G Jur: 115

Complaint/Diagnosis: [REDACTED] y/o with hx of right orchiectomy on [REDACTED]/16. He is currently reporting Right sided pelvic pain especially with ejaculation. He also reports a warm sensation stating "it is a warm sensation, it feels like when they give you the dye from the CAT scan, it all the time". He was last seen by Dr. Deborah Fang on [REDACTED]/17 - she recommending that I/M see pain management and urology. He has seen urology on [REDACTED]/17 and the indicated that the surgery went well, examination is negative, however they recommend that his pain be treated and managed as well. No F/U is indicated with urology however was is scheduled for [REDACTED]/17. I/M is requesting to see pain management to help with right pelvic discomfort.;

OSBORN CI	[REDACTED]	Breton, Joseph	163826	2	1	
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hemorrhoids no

Procedure: Consult - Return Visit Specialty: General Surgery Priority: 4 Status: G Jur: 115

Complaint/Diagnosis: [REDACTED] yobm - [REDACTED]/17 GenSX resected piece of granulation tissue from anal fissure and an internal hemorrhoid was band ligated.
 [REDACTED]/17 - Seen by general surgery who had a list of recommendation (all ordered) and wants a follow up in 4 weeks.;

Current Facility	Inmate#	Name	UR Requestor	UR#	Med	MH	DOC admit	Court Date	Bond	ERD
OSBORN CI			Freston, Cary	163687	3	2				
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:	dd-MM-yyyy	Diagnosis:	Lupus	/D4			YES
Procedure:	Consult - Return Visit	Specialty:	Rheumatology	Priority:	3	Status:	G	Jur:	115	
Complaint/Diagnosis:	Request f/u Rheumatology (previously refused twice - now will go) regarding SLE with multiple system involvement, on prednisone, Cellcept, plaquenil. Requires consult for Cellcept ordering and management.;									
OSBORN CI		Breton, Joseph	163823	2	2					
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:	dd-MM-yyyy	Diagnosis:	Nodule	/D4			YES
Procedure:	Imaging Test - Ultrasound - Other	Specialty:	Radiology/Diagnostic Imaging	Priority:	3	Status:	G	Jur:	115	
Complaint/Diagnosis:	[REDACTED] year old male with CC: new onset of heat intolerance, sweating during his yoga and stretching (new). Over thyroid area- a feeling of fullness, "very mild" pressure in throat with swallowing without pain, dysphagia. No gerd symptoms, No sinus symptoms, No chest pain, DOE , SOB or B symptoms. PE: VSS 2-3 mm nodule rll of thyroid, non. no lymphadenopathy, no organomegaly. no edema cbc/ cmp, ana, tsh: 6.81, t4- 4.5, t3 and uptake normal. A/P: 54 with feeling of fullness over thyroid area with small nodule, history mildly consistent with hyperthyroid but essentially normal labs. I am requesting a thyroid U/S to eval nodule. thanks.;									
ROBINSON CI		Wright, Carson	163726	2	2					
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:	dd-MM-yyyy	Diagnosis:	Arthritis				YES
Procedure:	Consult - Return Visit	Specialty:	Rheumatology	Priority:	5	Status:	G	Jur:	116	
Complaint/Diagnosis:	[REDACTED]/17 initial visit Rheumatology. Speckled pattern ANA, dry eyes, dry mouth joint pain. No reynaud, Possible Sjogrens Syndrome RECC: Labs, NSAIDS, follow up 6 months; X VISIT									
ROBINSON CI		Wright, Carson	163816	2	2					
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:		Diagnosis:	Musculoskeletal Issue - Knee				NO
Procedure:	Consult - Post Emergency Room Follow-Up	Specialty:	Orthopedics	Priority:	3	Status:	G	Jur:	116	
Complaint/Diagnosis:	[REDACTED]17 JDH ER, Rec injury, while playing basket ball heard a crack in his L knee, lost his balance and fell. C/o ^ pain and inability to bear weight. Has history of MVA which he claims he is still recovering from nerve damage in his L knee. Per ED W-10, No acute fracture or dislocation, + effusion. Knee immobilizer provider, NWB LLE, crutches, ice, elevate and follow up with ortho;									
WILLARD-CYBULSKI CI		Clements, Michael	163733	3	3					

DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole: dd-MM-yyyy	Diagnosis: Musculoskeletal Issue - Hip	<i>Yes</i>
Procedure: Consult - Return Visit	<i>Attele</i>	Specialty: Orthopedics	Priority: 4 Status: G	Jur: 142
Complaint/Diagnosis:	Pt. had IA steroids in R hip x 2; the first time helped, but not the 2nd. Has Xray documentation of severe R hip dx. No help from multiple analgesics, controlled and otherwise. Pt. cannot ambulate w/out a walker. His weight cannot be controlled; therefore, he has HTN and DM. I really think Ortho needs to see the pt. again (telemedicine would be fine) to opine on surgical correction. Please arrange for ~ 1 month if possible. Thank you.;			
WILLARD-CYBULSKI CI	[REDACTED]	Clements, Michael	163673	2 2
DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole: dd-MM-yyyy	Diagnosis: Musculoskeletal Issue - Hand	<i>Yes</i>
Procedure: Imaging Test - CT Scan	<i>INITIAL</i>	Specialty: Radiology/Diagnostic Imaging	Priority: 4 Status: G	Jur: 142
Complaint/Diagnosis:	[REDACTED] yo c/ chronic painful dominant R wrist & metacarpals; has possible subluxation of bases of 3rd and 4th metacarpals on Xray. Radiology recommends a CT scan, which I believe is clinically indicated in anticipation of possible Ortho referral for splinting, casting, or surgery. Please schedule within 1 month if possible. Thank you.;			
WILLARD-CYBULSKI CI	[REDACTED]	Clements, Michael	163684	1 2
DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole: dd-MM-yyyy	Diagnosis: Mass	<i>Yes</i>
Procedure: Consult - Initial Visit	Specialty: General Surgery	Priority: 4	Status: G	Jur: 142
Complaint/Diagnosis:	[REDACTED] yo c/ very painful nodule of L prepatellar region ~ 2.5 cm in size. I performed FNA which demonstrates anucleate squamous cells, c/w sebaceous cyst. It is in a technically challenging area, and I think the skills of a surgeon would be preferable, given the relative paucity of SQ tissue over a highly-mobile joint. The bottom line: the lesion should be removed to the discomfort the pt. is experiencing. Please schedule for ~ 1 month if possible. Thank you.;			
YORK CI	[REDACTED]	Hood, Tara	163648	2 3
DOB [REDACTED]	Status: Ready for Adjudication	Voted to Parole: dd-MM-yyyy	Diagnosis: Musculoskeletal Issue - Foot	<i>Yes</i>
Procedure: Consult - Return Visit	Specialty: Orthopedics	Priority: 5	Status: G	Jur: 139
Complaint/Diagnosis:	[REDACTED] y.o. HF w/ PMH of chronic right Achille's tendon tear. Was in a CAM boot, had MRI, Podiatry and ortho f/u. Was out of CAM boot and felt a pop again at right achille's. Normal Thompson squeeze test. Has been back in the CAM boot x 2 months still with sx and palpable nodule at anterior Achille's. Please reschedule with Ortho for re-eval. Thanks.;			

Current Facility	Inmate#	Name	UR Requestor	UR#	Med	MH	DOC admit	Court Date	Bond	ERD
YORK CI			Hood, Tara	163803	4	3				

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Pancreatic Disease *YES*

Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 5 Status: U Jur: 139

Complaint/Diagnosis: [REDACTED] y.o. WF w/ PMH of chronic pancreatitis, biliary stenosis, alpha 1 antitrypsin deficiency, GERD, Gastritis, diverticulitis, Ulcerative Colitis, c/o of epigastric pain. C/o of nausea, diaphoresis, epigastric pain, constipation, GERD sx. Was having MRCP's q 6 months PTA (GI records in chart). ABD: +BS TTP epigastric/LUQ, no masses, noted. Please schedule with GI for followup and management of chronic pancreatitis.;

YORK CI	[REDACTED]	Hood, Tara	163761	2	3	[REDACTED]
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DOB [REDACTED] Status: Ready for Adjudication *DX RAY* Voted to Parole: dd-MM-yyyy Diagnosis: Musculoskeletal Disorder *no*

Procedure: Consult - Initial Visit Specialty: Rheumatology Priority: 5 Status: G Jur: 139

Complaint/Diagnosis: [REDACTED] y.o. HF w/ PMHx of vitamin D deficiency, depression has elevated ESR 43/CRP 12, +ANA 1:80, +EBV (old infection) with polymyalgia and polyarthralgias. On Neurontin for pain control with little improvement of sx. Please schedule for rheum consult for further eval and management.;

YORK CI	[REDACTED]	Hood, Tara	163672	3	2	[REDACTED]
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: GI Bleed *no*

Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 4 Status: G Jur: 139

Complaint/Diagnosis: [REDACTED] yo WF w/ PMH of Crohn's disease only on bentlyl, presents w/ a 3 wk hx of feeling bloated, mucus d/c from rectum and noting a flesh-like protrusion. No change to bowel habits/appetite.
O: wt 138lbs, vss, NAD
ABD: soft, +BS x 4 quads, no guarding no rebounding, + rectal performed +heme, no masses noted.
Community release signed for records pending. Please schedule for GI consult.;

Panel List

podiatry

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Current Facility	Inmate#	Name	UR Requestor	UR#	Med	MH	DOC admit	Court Date	Bond	ERD
BROOKLYN CI			L'heureux, Cynthia	161410	2	2				
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:	dd-MM-yyyy	Diagnosis:	Musculoskeletal Issue - Foot				
Procedure: Device - Orthotic - New	Specialty:	Podiatry	Priority:	3	Status:	G	Jur:	128	no	
Complaint/Diagnosis: [REDACTED] yr old who had calcaneal fx to left foot 2012 He was casted for over 1 month and was supposed purchase a special boot but never did Comes to medical complaining of foot pain requesting podiatry consult No visual deformity. Previously denied.; previously denied please see other UR; left heel cup and heel lift 2012 calcaneal fracture - protrudes;										
CORR/RAD CC		Figura, Ilona	163863	3	1					
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:	dd-MM-yyyy	Diagnosis:	Foot/Toe Ailment				no
Procedure: Consult - Initial Visit	Specialty:	Podiatry	Priority:	4	Status:	G	Jur:	140		
Complaint/Diagnosis: [REDACTED] yr old with longstanding back pain. Fell [REDACTED]/2015 and developed ^pain L side and weakness of R leg. MRI shows:Facet arthropathy and diffuse disc bulge produce severe bilateral neural foraminal stenosis at L5-S1. Disc material and thickening of ligamentum flavum abut the exiting L5 nerve roots bilaterally. He also has bilateral foot deformities exacerbating stress on his back This request is for podiatry eval for special shoes or orthotics + Habeas in progress;										
WILLARD-CYBULSKI CI		Clements, Michael	163715	3	2					
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:	dd-MM-yyyy	Diagnosis:	Foot/Toe Ailment				no
Procedure: Consult - Initial Visit	Specialty:	Podiatry	Priority:	4	Status:	G	Jur:	142		
Complaint/Diagnosis: [REDACTED] yo c/ diabetic neuropathy and decreased sensation in feet. Is at high risk for diabetic foot ulcers. Please approve a 1 - time Podiatry visit within 1 month for proper foot care. Thank you.;										
WILLARD-CYBULSKI CI		Clements, Michael	163719	2	1					
DOB [REDACTED]	Status:	Ready for Adjudication	Voted to Parole:		Diagnosis:	Foot/Toe Ailment				no
Procedure: Consult - Initial Visit	Specialty:	Podiatry	Priority:	4	Status:	L	Jur:	142		
Complaint/Diagnosis: [REDACTED] yo c/ all 10 toes amputated d/t frostbite. Needs Podiatric evaluation for appropriate Orthotic footwear. Please see as soon as feasible. Thank you.;										

egd $\frac{P3}{\underline{\underline{Y4}}}$

CT $\frac{P3}{\underline{\underline{Y4}}}$